

# UC AGRICULTURE AND NATURAL RESOURCES

## LOCATION COVID-19 PREVENTION PLAN (CPP)

*This plan is based on the Cal/OSHA Emergency Temporary Standards (Title 8, Sections 3205-3205.4), adopted on 6/17/2021.*

Location information									
Location name:									
Facility Address:									
Building type(s) (check all that apply):					Office		Lab		Shop
Field Research		Other: Describe							
Owner/operator (UC-owned/County facility/Leased/etc.):									
Open to public?	Yes		No						
Number of employees in office (insert #s below):									
Pre-COVID-19 operations:					COVID-19 Current Proposed:				
Approximate total gross square footage of space:									
Plan Prepared By:									
Name:						Date:			
e-mail:						Phone:			
Approvals:									
Director/ Supervisor:						Date:			
ANR Emergency Response Team Approver:		Brian Oatman, Director Risk & Safety				Date:			

Plan Revision History			
Revised by		Date:	
Revised by		Date:	
Revised by		Date:	
Revised by		Date:	
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## COVID-19 PREVENTION PLAN (CPP) - CAL/OSHA EMERGENCY TEMPORARY STANDARD (TITLE 8, 3205)

This COVID-19 Prevention Plan (CPP) presents the safety measures and protocols that are used by this UC ANR location to prevent transmission of COVID-19 in this workplace and associated field sites or off-site work, research, and programming locations. This plan template has been developed based on Public Health Orders, Cal/OSHA standards, and UC policies or directives. Development and implementation of the site-specific CPP is the responsibility of the Director or Supervisor for each ANR unit or location. It is suggested that a location's Safety Coordinator may help with planning and take an active role in preparing for the return to in-person operations and implementing this CPP.

Answer Yes or No to each of the following questions and use check boxes to confirm additional details of your location's plan. For any questions where the answer is "no", please provide additional information or alternative mitigation details in the open box at the end of each section.

Yes/No	COVID-19 Preventive Measures																		
	<p align="center"><b>SYMPTOM/EXPOSURE MONITORING AND DOCUMENTATION</b></p> <p>1. Have all employees, volunteers and participants who are working onsite, in the field, or conducting in-person activities been told they may not to come to work or engage in in-person UC ANR-sponsored activities if they have symptoms of, have been exposed to, or diagnosed with COVID-19 until symptoms have resolved or negative test results are provided?</p> <p><i>Symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. People who meet any of these conditions must be excluded from come to work or engaging in in-person UC ANR-sponsored activities.</i></p>																		
	<p>2. Are you able to conduct a daily symptom assessment for all employees, volunteers, or visitors who are entering the location? This includes the following measures:</p> <table border="1"> <tbody> <tr> <td></td> <td>Each UC ANR employee who is working in-person (onsite or at field sites) will use the UC ANR Employee Clearance to Work Survey (online or paper).</td> </tr> <tr> <td></td> <td>UC ANR Directors or their designee will submit an <a href="#">In-Person Employee Roster</a> to <a href="#">Brian Oatman</a>, listing the employees who are working onsite and need to receive the online daily Clearance to Work Survey.</td> </tr> <tr> <td></td> <td>UC ANR employees must complete the Survey daily before beginning in-person work.</td> </tr> <tr> <td></td> <td>Employees who have symptoms or exposures to persons who have COVID-19 will be excluded from the workplace.</td> </tr> <tr> <td></td> <td>Volunteers whom you expect to come into the office for extended periods of time have been informed that they must complete a screening survey upon arrival and that they may not stay in the office without clearance.</td> </tr> <tr> <td></td> <td>Designate someone in the office to distribute paper/offline <a href="#">Employee Clearance to Work Surveys</a> (if needed) and record clearance status for each employee or volunteer using this method.</td> </tr> <tr> <td></td> <td>If there are <a href="#">County-paid employees</a> at this location, they are screened for symptoms/exposures daily. <i>Indicate screening method: <b>ANR Survey</b> or <b>County screening</b></i></td> </tr> <tr> <td></td> <td>Does your County office require additional assessment/screening of <a href="#">UC ANR employees</a>? <b>If yes, enter the method here:</b></td> </tr> <tr> <td></td> <td>Visitors are screened using the <a href="#">UC ANR Visitor Clearance Survey</a> or equivalent County screening.</td> </tr> </tbody> </table>		Each UC ANR employee who is working in-person (onsite or at field sites) will use the UC ANR Employee Clearance to Work Survey (online or paper).		UC ANR Directors or their designee will submit an <a href="#">In-Person Employee Roster</a> to <a href="#">Brian Oatman</a> , listing the employees who are working onsite and need to receive the online daily Clearance to Work Survey.		UC ANR employees must complete the Survey daily before beginning in-person work.		Employees who have symptoms or exposures to persons who have COVID-19 will be excluded from the workplace.		Volunteers whom you expect to come into the office for extended periods of time have been informed that they must complete a screening survey upon arrival and that they may not stay in the office without clearance.		Designate someone in the office to distribute paper/offline <a href="#">Employee Clearance to Work Surveys</a> (if needed) and record clearance status for each employee or volunteer using this method.		If there are <a href="#">County-paid employees</a> at this location, they are screened for symptoms/exposures daily. <i>Indicate screening method: <b>ANR Survey</b> or <b>County screening</b></i>		Does your County office require additional assessment/screening of <a href="#">UC ANR employees</a> ? <b>If yes, enter the method here:</b>		Visitors are screened using the <a href="#">UC ANR Visitor Clearance Survey</a> or equivalent County screening.
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Yes/No	COVID-19 Preventive Measures								
	<p>3. Do you have a daily sign-in log for employees, volunteers and all visitors (name and contact information)? For example, this <a href="#">Sample Daily Attendance and Visitor Log</a>.</p> <table border="1"> <tr> <td></td> <td>Employees have been informed that they must sign in and out daily.</td> </tr> <tr> <td></td> <td>_____ has been assigned to ensure that visitors and volunteers sign in and out.</td> </tr> </table>		Employees have been informed that they must sign in and out daily.		_____ has been assigned to ensure that visitors and volunteers sign in and out.				
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	4. Has each employee who is working onsite or engaged in offsite in-person programming been instructed that they should be mindful of their close contacts (within six feet for 15 minutes or more) while at work, in case information is needed for contact tracing? Employees may use the optional <a href="#">Daily Close Contact Log</a> to record close contacts.								
	If you have answered, "no" to any of the above questions, please describe what procedures are in place to address the item. Also, please describe any additional local county or site-specific procedures:								
RESPONSE TO COVID-19 CASES									
	<p>1. Do you know UC ANR's established reporting and response <a href="#">protocol for suspected or confirmed COVID-19 diagnoses or exposures</a>.  <i>In the event of a positive COVID-19 case in the workplace, UC ANR Risk &amp; Safety will provide additional direction and communication.</i></p>								
	2. Do you know how to refer employees to <a href="#">local COVID-19 testing resources</a> , if required?								
	3. Are you aware of UC ANR's <a href="#">Quarantine, Isolation and Return to Work Protocols</a> ?								
	4. Will you cooperate and assist with contact tracing personnel, as necessary?								
	5. Are you prepared to reinstate work-at-home status for some or all employees at this location if recommended by public health officials or UC ANR?								
	6. Are you aware of additional protocols for <a href="#">Multiple COVID-19 Infections and Outbreaks</a> that must be implemented when there are three or more COVID-19 cases at a location within a 14-day period? <i>Note: UC ANR Risk &amp; Safety or Human Resources will notify you if Outbreak protocols are triggered.</i>								
	If you have answered, "no" to any of the above questions, please describe what procedures are in place to address the item. Also, please describe any additional local county or site-specific procedures:								
FACILITY ASSESSMENT AND ENGINEERING CONTROLS									
	1. Have you assessed the workplace for activities, areas, interactions, or materials that could potentially expose employees to COVID-19 hazards?								
	<p>2. Has the air handling system been evaluated and/or modified to improve ventilation or filtration, if possible? This may include any of the following measures:</p> <table border="1"> <tr> <td></td> <td>Improving Natural Ventilation and Proper Use of Fans</td> </tr> <tr> <td></td> <td>Improving Mechanical Ventilation by increasing filtration, maximizing the amount of outside air, and reducing recirculated air in workspaces</td> </tr> <tr> <td></td> <td>Determining Mechanical System Function</td> </tr> <tr> <td></td> <td>Use of Portable Air Cleaners ("HEPA Air Filters")</td> </tr> </table> <p>Review <a href="#">UCANR COVID-19 Ventilation Protocols</a></p>		Improving Natural Ventilation and Proper Use of Fans		Improving Mechanical Ventilation by increasing filtration, maximizing the amount of outside air, and reducing recirculated air in workspaces		Determining Mechanical System Function		Use of Portable Air Cleaners ("HEPA Air Filters")
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Yes/No	COVID-19 Preventive Measures
	<b>List HVAC modifications or measures taken to evaluate building ventilation:</b>
	If you have answered, "no" to any of the above questions, please describe procedures in place to address the item. Please describe any additional local COVID-19 hazards or site-specific ventilation procedures:
<b>FACE COVERINGS / MASKS</b>	
	1. Have you informed all employees and volunteers that they must follow the <a href="#">UC ANR Mask Protocol</a> while working? Since mask requirements and details are frequently changing, employees or volunteers should refer to the link above for current information.
	2. Have you posted <a href="#">signs or other notification</a> to visitors that persons who are not fully vaccinated must wear a mask in the facility?
	3. Do you have a supply of masks/face coverings to provide employees or visitors on request?
	4. Do you have a supply of N95 respirators to make available for employees to wear voluntarily while working onsite or in the field?
	5. Will you require that employees who voluntarily use N95 respirators must complete the following training and documentation? <ul style="list-style-type: none"> <li>• Online UC ANR <a href="#">Voluntary N95 Respirator Training</a>.</li> <li>• Notify ANR Risk &amp; Safety via the <a href="#">Voluntary N95 Respirator Registration</a> survey.</li> <li>• Notify the local safety coordinator or superintendent of their N95 use (specify the model of N95 respirator and instances where the respirator will be used).</li> <li>• Receive a copy of the Cal/OSHA-mandated voluntary use document (<a href="#">8CCR5144 App D (voluntary N95 use)</a> - "Information for Employees Using Respirators When Not Required Under the Standard").</li> </ul>
	If you have answered, "no" to any of the above questions, please describe procedures in place to address the item. Please describe any additional local county or site-specific mask requirements:
<b>CLEANING, DISINFECTION AND HYGIENE</b>	
	1. Do you have the materials needed (sanitizer, single-use gloves, etc.) to clean individual offices, workspaces, labs, etc. daily and to disinfect common areas, meeting rooms, restrooms, etc. at least once per day? See <a href="#">CDC cleaning procedures</a>
	2. Are disposable gloves available for any employees performing tasks such as cleaning or handling frequently-touched materials?
	3. Do you have staff assigned to perform daily cleaning and disinfecting?
	4. Have you set up a method/protocol and communicated to staff and volunteers the need for disinfecting any shared work spaces and equipment between users?
	5. Do you have staff assigned and equipped to clean and disinfect the facility when a positive COVID-19 case has been in the workplace? See <a href="#">CDC Clean and Disinfect Your Facility When Someone is Sick</a> .

Yes/No	COVID-19 Preventive Measures
	6. Is soap and hot water available to all employees for handwashing? <b>List locations:</b>
	7. Is hand sanitizer available to all employees and visitors? <b>List locations:</b>
	If you have answered, "no" to any of the above questions, please describe procedures in place to address the item. Please describe any additional local county or site-specific cleaning/disinfecting procedures:
<b>TRAVEL</b>	
	1. Have you instructed employees to follow <a href="#">UC and UC ANR travel guidance</a> , which may require postponing non-essential out of state travel and other travel restrictions?
	2. Have you instructed employees who do travel to follow <a href="#">CDC guidance for domestic travel</a> when traveling for work?
	3. Have employees been informed that as much as possible, they should avoid sharing a vehicle for any essential local travel and if that is not possible, that they must follow <a href="#">UC ANR Vehicle Safety Protocols</a> while driving for work with other employees? This includes measures for symptom screening, cleaning and disinfection of surfaces, physical distance, use of masks and ventilation.
	If you have answered, "no" to any of the above questions, please describe procedures in place to address the item. Please describe any additional local county or site-specific travel procedures:
<b>EMPLOYEE COMMUNICATION AND TRAINING</b>	
	1. Have you provided (via e-mail or printed copy) the <a href="#">UC ANR Reopening Guidelines</a> to all employees who are working onsite or in-person? Will you also provide any future updates/addendums to employees.
	2. Have employees been informed that they can report concerns or possible COVID-19 hazards without fear of reprisal? Employees should be encouraged to report to their supervisor or location/unit Director, or may also report to <a href="#">UC ANR Risk &amp; Safety</a> .
	<p>3. Have all employees who are working onsite or in the field completed training and been provided the following information?</p> <p><b><a href="#">UC Online COVID-19 Prevention Training</a></b>  <b>Instructions for training:</b></p> <ul style="list-style-type: none"> <li>▪ Go to: <a href="https://training.ucr.edu/courses/resources/covid-19">https://training.ucr.edu/courses/resources/covid-19</a></li> <li>▪ click on "Training Materials"</li> <li>▪ enter name, email, and under "University or Institution" enter UC ANR</li> <li>▪ Go through the training and complete the test. On the test, select "Agriculture &amp; Natural Resources" for your campus or location, so the record is reported to UC ANR.</li> </ul> <p><b>Additionally, employees should be provided the following information:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">UC ANR COVID-19 Awareness</a> and <a href="#">UC ANR COVID-19 Safety Standards Summary</a></li> <li>• Any location-specific measures to protect employees, including this Location COVID-19 Prevention Plan</li> <li>• How employees should communicate safety standards to all program volunteers &amp; participants</li> </ul>

Yes/No	COVID-19 Preventive Measures
	PROGRAMMING OUTSIDE OF AN OFFICE
	<p>1. What specific programs or activities have been authorized to resume in-person activity? (e.g., 4-H, Master Gardener, Master Food Preserver, etc.)</p> <p><b><i>Please list programs or activities and outline or attach additional detailed safety procedures that will be used:</i></b></p> <ol style="list-style-type: none"> <li>1. Field Research/Workshops Field Day Safety Protocol: <a href="https://ucanr.edu/sites/safety/files/352094.pdf">https://ucanr.edu/sites/safety/files/352094.pdf</a></li> <li>2. 4-H <a href="http://4h.ucanr.edu/Resources/StaffResources/In-Person_Guidelines/">http://4h.ucanr.edu/Resources/StaffResources/In-Person_Guidelines/</a></li> <li>3. Master Gardener <a href="http://mg.ucanr.edu/COVID-19Safety/">http://mg.ucanr.edu/COVID-19Safety/</a></li> <li>4. Master Food Preservers (see specific program guidance or location guidance)</li> <li>5. Nutrition Education <a href="https://ucanr.edu/sites/safety/files/334940.pdf">https://ucanr.edu/sites/safety/files/334940.pdf</a></li> <li>6. Other programs</li> </ol>
	2. Have you notified all program participants and volunteers of the UC ANR COVID-19 safety standards or guidelines applicable to their program?
	3. Have all materials/announcements for programs, activities, events, etc. been amended to clearly state that UC ANR <a href="#">COVID-19 Safety Standards</a> will be maintained? This includes notice that that persons should stay home when they have symptoms or have been in close contact to someone who has COVID-19; that UC ANR employees, volunteers and participants who are not vaccinated are required to wear face masks when gathering indoors (see <a href="#">UC ANR Mask Protocol</a> ), and cleaning/hygienic practices must be maintained.
	If you have answered, “no” to any of the above questions, please describe procedures in place or timelines to address the item.

## INSTRUCTIONS FOR COVID-19 PREVENTION PLAN SUBMISSION/REVISION

Please email the following to [Brian Oatman](#), UC ANR Risk & Safety Services before engaging in any in-person activity that has not already been approved:

1. This Location COVID-19 Prevention Plan
2. Roster of the employees who will be working in-person (at the office, field sites, or program locations) at this time, and need to receive the online daily Clearance to Work Survey. *Please use the format provided here:* <https://ucanr.edu/sites/safety/files/326435.xlsx>

The UC ANR Emergency Response Team (ERT) will review this plan and, if approved, will return a signed copy for you to share with employees. The approved plan should be considered a supplement to your location's Injury and Illness Prevention Program (IIPP).

Once approved, this CPP must be **reviewed monthly** by the location's Director (or designee), including an inspection of the workplace to assess COVID-19 hazards and ensure the plan is being implemented. This CPP shall be revised as necessary when conditions or operations change. The monthly review should be documented on the CPP and reported using the survey at <http://ucanr.edu/covidplansurvey>. Revised plans may be submitted by uploading them to the survey.

If you have a need for COVID-19 prevention supplies (such as masks, hand sanitizer, etc.), please contact the ANR COVID-19 supply team via the [Ask EH&S survey](#).